2020 HAMPSTEAD FARMERS' MARKET VENDOR APPLICATION

PLEASE	PRINT CLEARLY	
Business N	Name (if applicable):	
Business/I	Farm Address:	
(city)	y) (state)	(zip code)
	Name:	
	where products/crops grown or produced:	
Vendor's 1	mailing address (if different from above):	
	Phone: Evening Phone:	
Email:		
Your busii	iness website:	
For pr e	omplete this Application, the Vendor's Certification/Agreement and the Rorm. Applications will be accepted throughout the entire Market season roducts, Market needs and available space . For participation in the <u>Jun</u> O LATER THAN <u>APRIL 1, 2020</u> , send	n, based on vendor
	a. this completed & signed Vendor Application form; PLUS	
	b. the completed & signed Vendor's Certification/Agreement Form; PL	US
	c. the signed Release and Indemnification Form; AND	
	d. a check in the amount of \$110 for the first 10' x 10' space and \$40 for space payable to the Hampstead Farmers' Market. (See Reg. #11 re:	

3. All forms and checks should be sent to:

Hampstead Farmers' Market

Hampstead, MD 21074

P. O. Box 702

(continued on reverse side)

Number of 10'x10' spaces desired to be reserved:

Please CIRCLE the dates you will be selling at the Market:

June 6 June 13 June 20 June 27	July 4 July 11 July 18 July 25	Aug. 1 Aug. 8 Aug. 15 Aug. 22 Aug. 29	Sept. 5 Sept. 12 Sept. 19 Sept. 26
Signature			
Date			

FOR JUNE 6, 2020, PARTICIPATION, RETURN NO LATER THAN APRIL 1, 2020 to

HAMPSTEAD FARMERS' MARKET P.O. Box 702 HAMPSTEAD, MD 21074

After June 6, applications will be accepted throughout the entire Market season, based on vendor products, Market needs and available space.

**** Please provide brief biographical information describing you and your products. This will be included on the Market's website, www.hampsteadfarmersmarket.com. A separate sheet with your information may be attached if necessary. Thank you!

++ NOTE: If your products require a permit from the Carroll County Health Department, please attach a copy of the permit/license with your application.